

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 22 AM 8:50

DOCUMENT # **F00000004687**

1. Corporation Name

**ADEA GROUP, INC.**

Principal Place of Business

HERITAGE SQUARE I  
4835 LBJ FREEWAY, SUITE 800  
DALLAS TX 75244

Mailing Address

HERITAGE SQUARE I  
4835 LBJ FREEWAY, SUITE 800  
DALLAS TX 75244

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

01

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/2000

SP

5. FEI Number

75-2647541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
<del>PSD</del> P	ABEDI, ABID	4835 LBJ FREEWAY, SUITE 800	DALLAS TX 75244
<del>D</del>	<del>ABEDI, SEEMA</del>	<del>4835 LBJ FREEWAY, SUITE 800</del>	<del>DALLAS TX 75244</del>
	S.T Dupont, Richard	4835 LBJ Freeway, Ste. 800	Dallas TX 75244
			400004657814--8
			-10/29/01--01080--015
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

10-22-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Abid Abedi)

Date

Daytime Phone #

10/15/01 972 960 9626

CR2E040 (8/01)